



County of San Bernardino
FAS VENDOR DIRECT DEPOSIT AGREEMENT

E-mail Address(es) (MANDATORY)

REMITTANCE ADDRESS

Name		
Address Line 1		
Address Line 2		
City	State	Zip
Federal Tax ID/ Social Security #		

CHECKING ACCOUNT INFORMATION

Bank Name	Acct Name (as on stmt)	
Bank Address1		
Bank Address2		
City	State	Zip
ABA (Routing #)	Account Number	

Contact Name

Telephone

()

**TAPE VOIDED CHECK
HERE**

I am authorized by the organization listed above to approve deposits (credits) and/or corrections to the previous credits to the organization's account listed above. I hereby authorize the County of San Bernardino to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated herein. The financial institution is authorized to credit and/or correct the amounts to this organization's account. This authority will remain in full force and effect until the County has received written notification from our organization in the form of a new Agreement, canceling this Agreement in such time and such manner as to afford the County and the depositor a reasonable opportunity to act on it. **(No mark outs or alterations to this paragraph will be accepted.)**

Name (Print)	Title	Telephone ()
Signature	Company	Date

Vendor Code

Mail to: Auditor/Controller-Recorder
Accounts Payable Section
222 West Hospitality Lane
San Bernardino, CA 92415-0018

Office Use Only

Reviewed By	Date	Keyed By	Date